## **TOWN OF ANDOVER**

## OF ANDOL

## **MASSACHUSETTS**

Town Offices 36 Bartlet Street Andover, MA 01810 (978) 623-8300 www.andoverma.gov

## **Sheet Metal Permit**

Date:	Permit #:	
Estimated Job Cost: \$	Permit Fee: \$	
Plans Submitted: YESNO	Plans Reviewed: <b>YES</b>	NO
Business License #	Applicant License#	
BUSINESS INFORMATION:	PROPERTY OWNER / JOB LOCA	TION INFORMATION
Name:	Name:	
Street:	Street:	
City/Town:	City/Town:	
Telephone:	Telephone:	
Photo I.D. required / Copy of Photo I.D. attached:	YES NO	
J-1 / M-1 – unrestricted license J-2 / M-2 – restricted to dwellings 3-stories or less an	nd commercial up to 10,000 sq. ft./ 2-sto	(Staff Initial) ories or less
<b>Residential</b> : 1-2 family Multi-family	Condo / Townhouses	Other
Commercial: Office RetailI ndustrial	Educational Institutional	Other
<b>Square Footage</b> : under 10,000 sq. ft over 10	,000 sq. ft Number of Stories	
Sheet metal work to be completed: New Work	Renovation	
HVAC Metal Watershed Roofing Kitchen Exha	aust System Metal Chimney/Vents	Air Balancing
Provide detailed description of work to be done:		

INSURANCE COVERAGE:		
I have a current <u>liability</u> insura	nce policy or its equivalent which meets the	requirements of M.G.L. Ch. 112 Yes $\square$ No $\square$
If you have checked <u>Yes</u> , indica	te the type of coverage by checking the appr	opriate box below:
A liability insurance policy $\Box$	Other type of indemnity $\square$	Bond □
	<b>R</b> : I am aware that the licensee <u>does not hav</u> aws, and that my signature on this permits a	re the insurance coverage required by Chapter 112 application waives this requirement.
		Check One Only
Signature of Owner or		lwner□ Agent □
application are true and accurat the permit issued for this applic and Chapter 112 of the General	e to the best of my knowledge and that all shat on the compliance with all pertinen	In I have submitted (or entered) regarding this neet metal work and installations performed under the provision of the Massachusetts Building Code allation: Yes $\Box$ No $\Box$
	<b>Progress Inspections</b>	
<u>Date</u>	<u>Comments</u>	
	<u> </u>	
	Final Inspection	
<u>Date</u>	Comments	
	☐ Type of License: ☐ Master	
Town <b>Andover</b>	☐ Master-Restricted	Signature of Licensee
t #	_	License Number: Check at www.mass.gov/dpl
tor Signature of Permit Approva	-	